Name in Full

Certificate of Death

Mrs Whitney Beckwith

Town

County

Died at Cambridge — Dorchester — MARYLAND

Date 1894 Month Feb Day 11 | Age Y. 9 M. 2 D. 29 | Native of Md | Occupation Farmer

Male / Female (struck) | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Wm Goodwin

Mother's Name Elena Dawson

Cause of Death — Primary: Pneumonia 93 — How long sick about 10 days

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by John Mace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Sarah Bowen

Certificate of Death

Died at East New Market (Town) Dor (County) MARYLAND

Date 1904 Month 2 Day 21 | Age Y. 58 M. 1 D. 15 | Native of Baltimore Md | Occupation wife

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | Widow | ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of Wife John. Bowen

Father's Name William Kong

Mother's Maiden Name Julia Smith

Cause of Death: Primary Tuberculosis, How long sick 5 month

Immediate Heart failure

~~Accident, Suicide, Homicide~~

Reported by Victor E. Hatch.

Address East New Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989B

Name In Full

Certificate of Death

Annie Virginia Bryan

Died at Town: Cambridge, County: Dorchester MARYLAND

Date 1904 Month: Feb. Day: 4 | Age Y. 28, M. 3, D. 11 | Native of Md. | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of Charles C. Bryan

Father's Name Geo. H. Bennett | Mother's Maiden Name Mary J. Dutton

Cause of Death: Primary Phthisis Pulmonalis | How long sick 5 months

Immediate ——— | ~~Accident, Suicide, Homicide~~

Reported by Wilbur A. Drake M.D.

Address Cambridge, Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town: Hurlock County: Dor MARYLAND

Died at

Date 1904 — Month: 2 — Day: 25 — Age: Y. 79 M. 8 D. 5 — Native of: md — Occupation: Housekeeper

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — ~~Divorced~~

Number of children living: 6

Husband of / Wife: Jos Goldsborough.

Father's Name: Jos Connell

Mother's Maiden Name: Ellen

Cause of Death — Primary: senility

Immediate:

How long sick:

~~Accident, Suicide, Homicide~~

Reported by: G Roger Myers MD

Address: Hurlock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Coake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thomas. County: Dorchester

Date of death: 1904 Month: Feb Day: 24

Age: Years: 1 Months: 9 Days:

Sex: Female Color or Race: White Birthplace: Thomas.

Occupation: C Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Wm J. Coake 104 Father's Birthplace: Dorchester Md.

Mother's Maiden Name: Laura A. Hubbard Mother's Birthplace: " "

Name of person giving information: W. J. Coake How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion How long: Lifelong

Immediate: Marasmus How long: 6 mos.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A36616

Nicolo
Jamus.

Name in Full: Hazel Cornish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lloyds. County: Dorchester

Date of death 1904: Month: Feb Day: 25

Age: Years: 1 Months: 11 Days:

Sex: Female Color or Race: Negro Birthplace: Lloyds.

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Jas. H Cornish 179 Father's Birthplace: Hudson

Mother's Maiden Name: Cornelia H Treadway Mother's Birthplace:

Name of person giving information: J. H Cornish How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L A Scales

Address: Cambridge Md

Accident or Suicide:

LIBRARY BUREAU A68516

Name in Full: Nattie S Coulbourn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hyattsville — County: Prince George's

Date of death: Month: 9 — Day: 22 — 1904

Age — Years: 23 — Months: — Days:

Sex: Female — Color or Race: white — Birthplace: New York

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Alonzo Coulbourn

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Alonzo Coulbourn — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Puerperal Septicaemia — How long: 3 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Kemp Jefferson

Address: Federalsburg md

Accident or Suicide?

LIBRARY BUREAU A66516

Name In Full

Certificate of Death

John Henry Curtis

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Feb Day: 6. | Age Y.: 37. M.: - D.: - | Native of: Md. | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living: One

Husband ~~Wife~~ of Josephine Curtis 20.

Father's Name: Edward Curtis Mother's Maiden Name: Ellen Sutton.

Cause of Death: Primary: Malignant Ulcer of mouth-Carious teeth. How long sick: Six weeks

Immediate: Septicaemia. Accident, Suicide, Homicide

Reported by Wilbur A. Drake M. D.

Address Cambridge, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Edna Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge County: Dorchester

Date of death: Month: Feb Day: 12 1904

Age: Years: 1 Months: 2 Days: 18

Sex: Female Color or Race: Colored Birthplace: Dor. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Doris Elliott Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Edna Shultz Mother's Birthplace: Dor Co Md

Name of person giving Information: Doris Elliott How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia How long: all the life

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Reuter MD

Address: Cambridge

Accident or Suicide?

LIBRARY BUREAU A8J51B

Name in Full: Mildred Henry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: 2 — Day: 3 — Year: 1904 — Age: Years: 1 — Months: 10 — Days: 7

Sex: Female — Color or Race: Blk. — Birthplace: Cambridge

Occupation: Child — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Levin Henry — Father's Birthplace: Md.

Mother's Maiden Name: Eliza Bowman — Mother's Birthplace: Md.

Name of person giving Imformation: Levin Henry — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E E Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full — Certificate of Death

Daisy Jenkins

Died at Cambridge, Town — Dorchester, County — MARYLAND

Date 1904 — Month: Feb. — Day: 23. — Age: Y. 2 M. 3 D. 7 — Native of: Md. — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife

Father's Name: Thomas Jenkins

Mother's Maiden Name: Carrie Fletcher

Cause of Death — Primary: Catarhal Pneumonia — How long sick: about 4 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Wilbur A. Drake M.D.

Address: Cambridge, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Thomas Johnson

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Feb. Day: 24 | Age Y.: 62 M.: — D.: — | Native of: Md. | Occupation: Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living: 3

Husband ~~Wife~~ of Lizzie Johnson

Father's Name — Mother's Maiden Name 79.

Cause of Death — Primary: Valvular Dzn of heart. — How long sick

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by Wilbur A. Drake M. D.

Address Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Airways

Name in Full: Eliza Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Addaville — County: Lincoln

Date of death 1904 — Month: Feb — Day: 11

Age — Years: 81 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband:

Father's Name: Henry Jones — Father's Birthplace: Md

Mother's Maiden Name: Polly Wooten — Mother's Birthplace: Md

Name of person giving information: Blanche McKinnon — How related to deceased: Granddaughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tumor of Face — How long: 6 months

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. C. Jones

Address: Lafayette Md

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Wil Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cambridge County: Dorchester

Date of death 1904: Month: July Day: 4

Age: Years: 3 Months: Days: —

Sex: Female Color or Race: Colored Birthplace: Dor Co. Md

Married, Single or Widowed: Single Occupation: —

Name of Wife or Husband: —

Father's Name: Alex Jackson Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Emma McCarter Mother's Birthplace: Dor Co. Md.

Name of person giving information: Fizzie McCarter How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: All its life

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Stark

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Full Name: Melvin Edwin McGlaughlin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Butler Road — County: Frederick

Date of death 1904 — Month: Feb — Day: 10 — Years: Age 44 — Months: 8 — Days: 21

Sex: Male — Color or Race: White — Birthplace: New York

Married, Single or Widowed: Married — Occupation: Oysterman

Name of Wife or Husband: Emma E. McGlaughlin

Father's Name: John McGlaughlin — Father's Birthplace: England

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving information: E. E. McGlaughlin — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 11 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. S. Jones

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Effie Manoke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hudson — County: Dorchester

Date of death: 1904 Month: Feb Day: 16 — Age: Years: 30 Months: Days:

Sex: Female — Color or Race: Negro — Birthplace: Hills Point-Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~wife~~ or Husband: Allan Manoke

Father's Name: Jacob Wing — Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Mary Wing — Mother's Birthplace: " " "

Name of person giving Information: Wm Wing — How related to deceased: Brother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bullet wounds of head & chest — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide? Homicide

LIBRARY BUREAU A66516

Name in Full: Alice C Meredith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poddville; County: Dorchester

Date of death 1904: Month: Feb; Day: 7

Age: Years: 35; Months; Days

Sex: Female; Color or Race: White; Birthplace: Delaware

Married, Single or Widowed: Married; Occupation: None

Name of Wife or Husband: H. T. Thomas Meredith

Father's Name: Tilghman Longford; Father's Birthplace: Del

Mother's Maiden Name: Jane Longford; Mother's Birthplace: Del

Name of person giving In formation: H. T. T. Meredith; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs; How long: 8 months

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. R. Jones

Address: Cedar Mrs

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89510

Name In Full

Certificate of Death

John Richards

Died at Town: Cambridge, County: Dorchester — MARYLAND

Date 1904 Month: Feb. Day: 24 | Age Y.: 18 M.: — D.: — | Native of: Md. | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living: 2

Husband of / Wife

Father's Name: Scott Richards | Mother's Maiden Name: Annie Bailey

Cause of Death — Primary: Acute Pneumonic Phthisis | How long sick: Don't Know —

Immediate: — | ~~Accident, Suicide, Homicide~~

Reported by: Wilbur A. Drake, M. D.

Address: Cambridge, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah Elizabeth Sammons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: 2; Day: 29; Year: 1904; Age: Years: 56; Months: 11; Days: 5

Sex: Female; Color or Race: White; Birthplace: Balto. Md.

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Andrew Jackson Sammons

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Frank Sammons; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Angina Pectoris; How long:

Immediate: Failure of Respiration; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E F Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Helen Shorter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fakeswell; County: Dorchester

Date of death 1904: Month: Feb.; Day: 4; Age: Years: 69; Months: 6; Days: 12

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Celovia Saphronia Shorter

Father's Name: John Shorter; Father's Birthplace: Md

Mother's Maiden Name: Mary Willey; Mother's Birthplace: Md

Name of person giving information: Thos. D. Shorter; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Apoplexy; How long: 24 hours

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. P. Jones, M.D.

Address: Cabin Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full

Certificate of Death

Elnora Stanley

Died at Town: Aireys County: Dorchester MARYLAND

Date 1904 Month: Feb Day: 8 | Age Y.: — M.: 9 D.: 15 | Native of: Aireys | Occupation:

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow,~~ Widower Divorced

Number of children living: 90

Husband of

Wife

Father's Name: Josiah Stanley Mother's Maiden Name: Georgia Watters

Cause of Death: Primary: Bad Cold How long sick:

Immediate:

Accident, Suicide, Homicide

Reported by G. T. Watters

Address Aireys Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Rebecca Stanley

Certificate of Death

Town

Died at Cambridge

County

Dorchester

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
July	28					

Date 1921

Age

~~Male~~ Female ~~White~~ Colored Married Single Widow ~~Widower~~ ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ of Wife

Father's Name Unknown

Mother's Name Lillie Sowden

Cause of Death: Primary — suffocated. Heart trouble

Immediate

How long sick: Unknown / hour

Accident, Suicide, Homicide

Reported by John Mace.

Address 9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elliotts — County: Dorchester

Date of death 190[illegible]: Month: Feb — Day: 3 — Age: Years — Months — Days: 17

Sex: Male — Color or Race: White — Birthplace: Elliotts

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Alexander Stewart — Father's Birthplace: Nanticoke

Mother's Maiden Name: Hollie Loyd — Mother's Birthplace: Elliotts

Name of person giving information: Mother — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Steeves

Address: Elliotts

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mary Jane Styles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek — County: Dorchester

Date of death: Month: February — Day: Sixth — Years: Age 59 — Months: — — Days: —

Sex: Female — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: John W. Styles

Father's Name: Jeremiah Malone — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Elizabeth Mack — Mother's Birthplace: Dor. Co. Md.

Name of person giving Imformation: John W. Styles — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: about one year.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Probately

Signature of Physician: R. L. Smithsicum M.D.

Address: Church Creek, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Hills Point P.O. County: Dorchester

Date of death: Month: Feby Day: 1904

Age: Years: 45 Months: Days:

Sex: Male

Color or Race: White American

Birthplace: Not Known

Occupation: Oysterman

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Lee Greenwell

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

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Immediate: by drowning

How long:

Are the name, age, sex, color, date and place correctly given above? so far as known

Signature of ~~Physician~~ Daniel L. Moore Coroner

Address: Cornersville Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A48516